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APPLICANTS *PJ*

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** CONTINUING DATA ***** *PJ*

** FOREIGN APPLICATIONS ***** *PJ*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 5	INDEPENDENT CLAIMS 2
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Examiner's Signature *mtah* Initials

ADDRESS
 23935
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 555 ST. CHARLES DRIVE
 SUITE 107
 THOUSAND OAKS , CA
 91360

TITLE
 Sound emitting dispenser

FILING FEE RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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